State Snapshot 2004

FROM THE National Healthcare Quality Report

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OHIO

Introduction

The Agency for Healthcare Research and Quality (AHRQ) annually publishes a wealth of information in its congressionally mandated National Healthcare Quality Report (NHQR). This *State Snapshot* series provides quick and easy access, through the Web (http://www.qualitytools.ahrq.gov/qualityreport/state/spf.aspx), to the many measures and tables of the NHQR from a State-specific perspective.

Each *Snapshot* shows two areas in which the health care system of a particular State (or the District of Columbia) is doing well and two in which it might be able to improve. The examples are chosen from those measures for each State that score above average and below average, respectively, relative to all reporting States. Much more information can be viewed on the Web through the *Snapshot* series (at the address above). The *State Summary Tables* list over 100 measures, most with estimates for 2 years of data, for each State, when available from the NHQR.

Data sources, statistics used to assign the categories, calculation of averages, and criteria for selecting the examples presented below are explained at http://www.qualitytools.ahrq.gov/qualityreport/state/method.aspx.

Ohio Overview

The *Ohio Summary Table* includes 106 measures from the most recent year of data in the 2004 NHQR (http://www.qualitytools.ahrq.gov/qualityreport/state/stateData.aspx?state=OH). For the most recent data year, Ohio has 12 measures in the above-average category (compared to all reporting States), 55 in the average category of States, and 22 in the below-average category of States. Ohio has 17 measures without sufficient data for classification. Measures in the below-average, and possibly in the average, categories indicate areas that may be fruitful for quality improvement initiatives.

Where Ohio Does Well (Examples)

In this section, the examples show a few of the measures for which the Ohio result was in the above-average group of States. For some measures, such as screening rates, the highest rate is the best result; and for other measures, such as time to treatment, the lowest rate is the best. The above-average category includes the best results however measured. A rate is considered above average when it is better than the all-State average and is statistically different from the all-State average. The all-State average reflects all States, including the District of Columbia, with available data for the measure.

A benchmark for quality improvement is provided below—the top-10-percent State average. This is the average for the five States that have the highest rates among all reporting States and the District of Columbia, 51 jurisdictions. The benchmark shows the best results attained under current medical practice. Some States may view that as a goal for improvement or may set more ambitious goals.

Example 1: Percent of parents of children, under age 18 and older, covered by Medicaid, who said they always got care for illness or injury as soon as they wanted

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Ohio
2003	79.3	69.2	62.4	79.3

- This measure shows, from the viewpoint of parents of children under Medicaid, whether health care providers treat them for an illness or injury as soon as requested. The higher the State estimate for this measure, the more Medicaid-covered children received treatment without delay in the State.
- In 2003, 79.3 percent of parents in Ohio whose children were covered by Medicaid reported receiving care as soon as their children needed it. This rate was equivalent to the top-10-percent State average.
- Ohio's estimate for this measure was above average in 2003, the most recent year. This estimate represents an improvement over 2002, when the rate was only average.
- To view all States on this measure in the 2004 NHQR, see Appendix Table 3.6b.

Example 2: HIV-infection deaths per 100,000 population

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Ohio
2001	1.2	3.4	10.6	1.9

- This measure shows the number of deaths from HIV per 100,000 people. The lower the State estimate for this measure, the fewer HIV-related deaths occur in the State. This lower death rate could be explained by effective treatment or a low incidence of HIV among the State population.

- In 2001, there were two HIV-infection deaths in Ohio per 100,000 people. Ohio's estimate for this measure was roughly equivalent to the top-10-percent State average of one HIV-infection death per 100,000 people.
- Ohio's estimate for this measure was above average for both the most recent year (2001) and the initial year (1999).
- To view all States on this measure in the 2004 NHQR, see Appendix Table 1.55b.

Where Improvement May Be Needed (Examples)

The examples in this section are measures for which the Ohio result was in the below-average group of States. To understand how to use these results, see the following section (How To Use the Information). How results on each measure are classified into the below-average category is described at http://www.qualitytools.ahrq.gov/qualityreport/state/method.aspx.

The bottom-10-percent State average is provided as a parallel to the top-10-percent State average. Comparison of the two averages shows how far the five States with the lowest rates have to improve to achieve the results of the five States with the best rates.

Example 3: Percent of long-stay nursing home residents who have moderate-to-severe pain

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Ohio
2003	4.1	6.0	10.1	9.1

- This measure shows how effectively nursing home personnel manage the moderate-to-severe pain of residents with ongoing ailments. The lower the State estimate for this measure, the better nursing facilities in the State manage their residents´ chronic pain.
- In 2003, 9.1 percent of long-term nursing home residents in Ohio experienced moderate-to-severe pain. This rate was roughly equivalent to the bottom-10-percent State average of 10.1 percent. The top-10-percent State average was 4.1 percent.
- Ohio's rates for this measure were below average for the most recent year (2003) and the initial year (2002).
- To view all States on this measure in the 2004 NHQR, see Appendix Table 1.98.

Example 4: Infant deaths per 1,000 live births

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Ohio
2001	5.2	6.6	9.8	7.6

- This measure shows the number of infants who die during the first year of life out of every 1,000 live births during the year. The lower the State estimate for this measure, the fewer infants that die during a year, and presumably the better the health care that infants receive in the State.

- In 2001, Ohio's infant mortality rate was eight infant deaths per 1,000 live births. This rate was roughly equivalent to the bottom-10-percent State average of 10.
- Ohio's infant mortality rates were below average for both the most recent year (2001) and the initial year (1998).
- To view all States on this measure in the 2004 NHQR, see Appendix Table 1.58b.

How To Use the Information

The NHQR offers a rare opportunity for States and the District of Columbia to view their health care systems in comparison to other State systems on about 100 quality measures. All States have measures in both the above-average and the below-average groups. A first step to determining whether and in which areas quality improvement should be fostered in a State is to study measures in the State Summary Table (http://www.qualitytools.ahrq.gov/qualityreport/state/statedata.aspx?state=OH). Understanding what these measures mean will require insight from many experts familiar with the health care system in the State as well as with quality measurement and improvement strategies. It may also require more study and data collection to determine that a problem actually exists or to identify underlying problems and possible solutions. For example, factors that affect specific population subgroups may underlie apparent health care quality problems and may thus require outreach focused toward those groups. Health care processes also may contribute to poor results, and thus quality improvement may require change in behavior of health care providers. AHRQ hopes that these data aid Ohio leaders in exploring the quality of health care in their jurisdiction and in working to improve it.

For More Information

State Snapshots and State Summary Tables for each State are available on the Internet at http://www.qualitytools.ahrq.gov/qualityreport/state/spf.aspx. For additional information on this topic, please send e-mail to QRDRInquiries@ahrq.gov.

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